DECIDING THE FUTURE OF OUR HEALTH CARE

An overview of areas for public discussion

EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE

Ontario's health care system is among the best in the world but there are signs that more needs to be done to keep up with our rapidly growing and changing requirements.

The effects of escalating costs, an increasing number of elderly, and ever-advancing technology are exerting tremendous pressure on the system. Our hospital-based system has served us well in the past. And our hospitals should be able to continue to serve us well in the future.

But we are now facing an important period of transition. To better meet our needs, we have to make changes in the way health care services are delivered and funded.

This overview paper and the series of detailed discussion papers on key aspects of the health care system which follow are a step towards addressing these issues. This paper outlines the areas where the government is setting new directions in evolving the health care system. The entire series is aimed at educating and generating the participation of consumers and health care providers in this process.

Evolving the system to maintain quality and accessibility

As we evolve the system, all of us who have a stake in the system -- consumers, providers, and the government -- have to change the way we think about health care. Everyone must start using, providing, and managing services as effectively as possible.

Throughout this process, the key principle of our Canadian health care system -- reasonable access to quality care for everyone -- must and will remain intact.

In the short term, we must address those highly specialized areas where the demand for treatment is very high -- such as trauma, cancer, emergency, high risk pregnancy, and cardiac surgery.

In the long term, we need to expand the ways in which we deliver health care, and the ways in which we allocate our resources -- human, financial, geographical, and institutional. We are seeking to develop more community care alternatives and to create tighter links between institutional and community services.

New roles and responsibilities

Everyone must accept new responsibilities and accountabilities to ensure the most effective health care is being provided to those who use services -- the consumer.

Consumers should take advantage of opportunities to play a role in deciding what treatments they receive and wherever possible, they should make reasoned, informed choices about maintaining their health.

Health care providers and the government share a responsibility to understand the implications of any given treatment -- its effectiveness and the costs attached to it.

Consumers, providers, and the government should all participate to evolve a health care system that provides the most effective care possible.

The role of the government will be to lead and manage the process of evolving the system, while collaborating with consumers and providers. Incentives for actively involving these two groups in that process and ways of encouraging more effective use of services must be developed.

A framework for the future

Within the past two years, the Ontario government has taken significant steps to create a framework that will ensure the appropriate evolution of our system. This framework is also intended to ensure the provision of effective health care to everyone who needs it.

The framework for evolving the system is based on:

- Three major arms length reports
  - the Ontario Health Review Panel
  - the Panel on Health Goals
  - the Minister's Advisory Group on Health Promotion
- The formation of the Premier's Council on Health Strategy
- The restructuring of the Ministry of Health into a matrix organization

AREAS FOR DISCUSSION

This overview paper outlines key issues for public education and discussion and sets out the Ministry's initiatives and future directions in these areas. They include:

- Enhancing the role and responsibilities of consumers
- Strengthening community-based health care
- Maintaining the role of public hospitals, including psychiatric hospitals and university teaching hospitals
- Integrating private sector strengths and resources
- Improving quality assurance and treatment effectiveness
- Strengthening the team of physicians, nurses and other health professionals

1. Enhancing the role and responsibilities of consumers

In evolving the system to more effectively address consumers' needs and to encourage their participation, the Ministry aims:

- To provide consumers with as much information as possible on both their personal health and the health care system.
- To enable them to make informed choices on lifestyle issues affecting their health and the kinds of treatments they receive; and to encourage them to use services wisely.
- To provide opportunities for consumers to participate in effective health care delivery decisions in their community.
- To safeguard patients' rights and to provide more vehicles for consumer participation in decision-making, reviews of complaints, malpractice and abuse of the system.

2. Strengthening community-based health care

The Ministry's future directions focus on developing more community-based services so consumers can receive care as close to home as possible. Objectives include:

- To create a stronger network of community programs to integrate services and promote equitable access.
- To provide alternatives to institutional care for chronic care patients, and those requiring elective surgery.
- To create a balanced continuum of long term care services, including home care, community care and extended care.
- To emphasize health promotion and disease prevention.
- To create incentives for hospitals to develop outreach and ambulatory care programs.

3. Maintaining the role of public hospitals, including psychiatric hospitals and university teaching hospitals

In addressing the area of public hospitals, the Ministry's initiatives and future directions are:

- To develop a fair and equitable funding process for all hospitals.
- To plan capital spending on a regional basis with hospitals working together as part of a coordinated plan.
- To create incentives for management efficiency and cost-effective care delivery.
- To create incentives for outreach and ambulatory care programs as alternatives to hospital care, and link the hospital to the community care network more effectively.

In the area of psychiatric hospitals, the Ministry aims:

- To develop a strategic planning process for the future of the psychiatric hospital system. Further research and planning are needed to determine where community mental health and other social services should be provided; and how they should be linked to psychiatric hospital services to assist discharged mental health patients.

And in the area of university teaching hospitals, the Ministry's objective is:

- To strengthen its commitment to a stable and rationalized funding system for clinical research, sophisticated teaching services and quality patient care, in order to maintain and improve the level of excellence and international stature of the teaching centres.

4. Integrating private sector strengths and resources

The Ministry is committed to carefully evaluating all aspects of private sector involvement in health care in terms of quality and accountability. The Ministry will work:

- To encourage all providers of health care products and services -- public and private -- to inform consumers and give them opportunities to exercise reasoned judgment and choice.

- To examine private sector management techniques for delivering more effective services -- purchasing systems, information bases etc. -- to determine what aspects will assist better fiscal and procedures management.

- To ensure public accountability, regardless of who delivers the services.

- To develop policy in the area of existing private sector ownership on issues such as rate of return, financial accountability and quality control.

- To encourage the development of technology and manufacture of health care services and supplies in Ontario.

5. Improving quality assurance and treatment effectiveness

This area represents another crucial issue for examination that affects both the quality and cost of health care -- including actual treatments, laboratory testing and use of pharmaceuticals. The Ministry's objectives will be:

- To improve and transmit knowledge on treatment outcomes and validation, in order to make better use of resources and ensure quality of care.

- To encourage all health professions to take an active role in implementing outcome review by using methods of technology assessment to evaluate new high technology equipment, drugs and medical procedures.

6. Strengthening the team of physicians, nurses, and other health professionals

The wide range of health professions in Ontario provides an important diversity of services and public choice in approaches to health care. The primary challenge in this area is to develop an appropriate system that allows the various professionals to perform their specific functions within a comprehensive health care team.

With regard to the role of physicians on the health care team, the Ministry's direction will be:

- To provide physicians with choices and alternatives in how they want to practise and how they want to be paid, including a mixture of payment methods as the alternative health care delivery systems are developed.
- To encourage, through incentives, better distribution of physicians' services to underserviced areas and groups.
- To encourage physicians to evaluate effectiveness of treatments provided.

In examining the role of nurses, the Ministry's objective is:

- To enhance the overall status of nurses in the health care delivery system, widen their range of responsibilities and improve their working conditions.

The Ministry will work to foster teamwork among all health professions to serve the best interests of the consumer through the following objectives:

- To promote effective teamwork among health professionals.
- To promote accountability to the public.
- To foster a team of health professionals to effectively serve needs both inside institutions and in the community.
- To enhance the professional status of health professionals.
- To enact new health professions legislation so as to better protect the public.

NEXT STEPS

Evolving our health care system to maintain and improve its quality care standards, requires the involvement of everyone, from consumers to providers, to the government. Everyone shares responsibility for the treatment services received, delivered, or managed -- their quality, their cost, and their effectiveness.

Through this document and the series to follow, we want to encourage public discussion and we invite everyone who has a stake in health care to become informed and state their views.

In the coming months, the Ministry of Health will be asking interested groups, including district health councils, to hold public forums on the issues set out in this paper. The information gained from these discussions will be invaluable to the Ministry and the Premier's Council on Health Strategy as the system is evolved.

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April 1989

Ministry of Health
Ontario
Elinor Caplan, Minister

A MESSAGE FROM THE PREMIER OF ONTARIO

Our health care system in Ontario is universally regarded as among the best in the world. As citizens of this province, we have come to rely on and expect a high quality of service to maintain our health.

The fundamental strength of our system lies in our belief that every Ontario citizen must be assured access to health services, regardless of ability to pay. In maintaining and improving the system for the future, we will build on this foundation.

There is no task more important for any government than ensuring the health of its citizens. But that task requires more than an efficient health care system to treat illness. Employment, housing, education, the environment, economic development – these are all responsibilities of government and aspects of life that affect our health as well.

In 1987, I brought together representatives of the diverse sectors involved in health in its broadest context and formed the Premier's Council on Health Strategy. The Council's purpose is to provide leadership and guidance to all of government in achieving the goal of overall health for Ontarians.

To work toward that goal, our traditional ways of providing health care need to evolve to keep pace with the dramatic changes taking place in our population and our scientific resources. We will continue to build on our present strengths to evolve the best health care system possible.

But as we plan and lead this process, we must balance the demands of the health care system itself with the other vital concerns of government – all of which ultimately and equally contribute to our health.

This process requires not only the government's leadership and commitment, but most important, the participation of the people who use health care services and provide them. This paper is intended to stimulate wide discussion and collaboration as we all work toward the goal of health.

We must work together to ensure that our children are guaranteed a health care system that is as good as the one we inherited. I look forward to hearing your ideas and opinions on this important issue that concerns every citizen of our province.

DAVID PETERSON

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PREFACE

Honourable Elinor Caplan
Minister of Health

As Minister of Health, I care deeply that the public's best interests are kept in the forefront of any decisions that affect our current system of health care in Ontario.

Our health care system exists solely to meet the needs of all citizens and depends on the efforts of those who work in it.

This overview paper, *Deciding the Future of Our Health Care* and the series to follow are intended to provide all concerned citizens and health care providers with an important forum for understanding and expressing their views on the way health care is delivered in Ontario.

The aim of these papers is to generate widespread public discussion that will guide us in evolving the system to better meet our changing needs.

My goal as Minister, is to evolve a system that provides citizens with equity of access to effective quality health care, the best we can provide, as close to home as possible. As we develop alternative ways of delivering services, these principles of our Canadian health care system will be safeguarded.

At the same time, we will be guided by three other important principles: leadership, partnership, and accountability. The government's role in evolving the health care system will be to both lead and manage the process. In this leadership role, we will collaborate with consumers and health providers to determine how best to improve the system. We will encourage partnerships among all those concerned with health and health care.

We want to encourage a new accountability in health care for consumers, providers, and the government to work toward a health care system that provides the most effective treatments and programs possible.

My own personal values are deeply involved in this process of change. They reflect my belief that the consumers' needs and rights should always come first.

I believe in preventing illness through a healthy way of life. We must all take full advantage of opportunities to be responsible for our own health and remain independent of the health care system as much as possible.

Second, I believe in the rights of individuals to make their own informed decisions about health care, and to have their interests represented and fairly balanced with those of health providers.

Third, I believe that individuals have the right to be provided with services that allow them to maintain their dignity.

Fourth, I believe we must strive for equity in health care – for the poor, for those with language, cultural, and geographical barriers. We must find new ways of providing services to meet special needs.

Because of the utmost importance of our health and the significant amount of money we invest in the health care system, we must plan services carefully to make the best possible use of our resources.

This overview paper raises fundamental areas for public discussion which will be examined in greater detail in the papers that follow. In each area, we have outlined key issues and set out my Ministry's initiatives and future directions.

The first paper in the series, *Enhancing the Role and Responsibilities of Consumers*, reflects the importance of consumers in the health care system. I want to encourage all citizens to become educated consumers who make wise choices: first, about lifestyles that keep them healthy; and second, about the treatments they receive.

I hope that these discussion papers generate constructive debate among all concerned individuals. From these discussions, I am confident that I, my Ministry, the Premier's Council on Health Strategy, and the government as a whole, will find the best ways to meet the challenge of building on Ontario's high standards of health care.

I. CONTINUING OUR COMMITMENT TO QUALITY HEALTH CARE

Recent discussion on Ontario's health care system has been both intense and widespread. Our system is among the best in the world, but there are signs that more needs to be done to keep up with our rapidly growing and changing requirements.

The effects of escalating costs, an increasing number of elderly, and ever-advancing technology are exerting tremendous pressure on the system. Our hospital-based system has served us well in the past. And our hospitals should be able to continue to serve us as well in the future.

But we are now facing an important period of transition. We should look beyond the kinds of services we have depended on and evolve a system that balances a wider range of methods of health care delivery and uses our resources more effectively.

To better meet our needs, we have to make changes in the way health care services are delivered and funded. A key principle of Canadian health care – reasonable access to quality care for everyone – must and will remain intact. Health care must and will be provided to Ontario residents regardless of their ability to pay.

All of us who have a stake in the system – consumers, health care providers, and the government – have to change the way we think about health care. Everyone must start using, providing, and managing services as effectively as possible.

In the last ten years, the cost of health care has risen by 63.4 per cent, while the provincial economy has grown by only 42.7 per cent. In 1988, we spent almost $13 billion on health care – one third of the entire provincial budget.

Seniors require a substantial portion of that total expenditure. And this requirement is expected to intensify as the number and proportion of seniors in Ontario's population continue to increase. At the same time, the cost of sophisticated technology is rapidly escalating, along with the demand for treatment.

Does more money mean better care?

We've been providing more and more money for the system – in 1988 the provincial sales tax was raised primarily to offset increased health care spending. But the signs that we are achieving a healthier society as a result of increased spending are less measurable.

As Ontario's health care costs take up more of the provincial budget, other critical areas such as housing, the environment, education, and economic development are squeezed out. These, too, are programs that ultimately affect our health.

Ontario is not alone in this situation. These are global trends that Canada as a nation, and virtually all countries in the developed world are now facing.

Yet Canada now spends more per capita on health care than any other country in the world with a national health care system – even though it has one of the youngest populations in the western world. And Ontario is one of the highest per capita spenders in Canada. We have to start making decisions and taking action right now to ensure that our precious health resources are as effective in the 21st century as they have been in this century.

In the short term, we must address those highly specialized areas where the demand for treatment is very high – such as trauma, cancer, emergency, high risk pregnancy, and cardiac surgery.

In the longer term, we need to expand the ways in which we deliver health care, and the ways in which we allocate our resources – human, financial, geographical, and institutional.

We are seeking to develop more community care alternatives and to create tighter links between institutional and community services. We can't afford to rely on our institutions for all aspects of the care we need – neither in terms of cost, quality, convenience, nor geographic access.

There is growing evidence that expensive institutional-based care which focuses heavily on high technology isn't always the most appropriate way to deliver quality care. There are changes in practice and technology which now make it possible to care for people in less expensive and more effective ways.

Over 85 per cent of our health expenditure now goes to inpatient hospital, physician, drug, and other practitioner services, leaving little for community and public health, and other non-institutional needs. Yet these are the areas we need to develop to provide alternative methods of care delivery. In this way, we should be able to make more effective use of expensive resources, and share them better.

Keeping people healthy and close to home

Our objective is, of course, to keep people healthy – out of institutions and in their own communities as much as possible. Outpatient and community health clinics allow people to remain more self-sufficient, receiving care close to home. By providing day surgery or physiotherapy for example, these centres also ease the burden from crowded hospital wards.

Home care is often a preferred alternative for seniors who would otherwise be in long term care beds in hospitals or nursing homes. In 1987, chronic care patients accounted for over 25 per cent of total hospital patient days. We are examining our use of institutional chronic care, now taking up thousands of more costly acute care beds. We believe it is time to re-evaluate our approach to long term care, especially since we now have one of the highest rates of institutional care in the world.

In tandem with this community focus, is the role of public health – education and programs to encourage health promotion and disease prevention – to help us stay healthy and independent of the health care system wherever possible.

Choices for consumers, providers, and government

Consumers should be aware of the choices open to them in the kinds of treatment available. They should know, for example, that cataracts can be removed in one day in an ambulatory setting instead of needing a four-day hospital stay, and that in some cases, home care might be more appropriate than a nursing home. While these choices may not apply in all cases, consumers should take them into consideration as they evaluate their own personal situation.

Consumers should also understand the various costs to the system, to help them to use it wisely because, ultimately, they pay for services through taxes. Consumers should also take advantage of opportunities to live healthily, to help them stay healthy.

Health care providers and the government have an obligation to understand the implications of any given treatment – its effectiveness and the costs attached to it. There should be a clear indication of positive outcomes in the use of sophisticated high technology procedures which in some instances are very expensive.

Both consumers and providers also have a role to play in making decisions about the changes taking place in the health care system through local forums such as district health councils. Consumers, providers, and the government must accept greater responsibilities and accountabilities in the health care system.

The government's role in evolving the system will be to lead and manage change, while collaborating with consumers and health providers. Incentives for actively involving these two groups in that process and ways of encouraging more effective use of services must be developed.

II. A FRAMEWORK FOR THE FUTURE

Within the past two years, the Ontario government has taken significant steps to create a framework that will ensure the appropriate evolution of our system and the provision of effective health care to everyone who needs it. This evolutionary process will be guided by the principles of universality, accessibility, and comprehensiveness in health care that we believe in.

This framework for the future is based on three major arms' length health care reports, the formation of the Premier's Council on Health Strategy, and the restructuring of the Ministry of Health.

Major health care reports

In 1987, the Ontario government received three major health care reports which provided guidance for future direction. They were the Ontario Health Review Panel, chaired by Dr. John Evans; the Panel on Health Goals, chaired by Dr. Robert Spasoff; and the Minister's Advisory Group on Health Promotion, chaired by Steve Podborski.

These complementary reports together set an agenda for evolving a system that focuses on community care alternatives, as well as health promotion and disease prevention. These services should operate within a context that emphasizes health in its broadest sense.

The role of the Premier's Council on Health Strategy

As a direct result of these reports, the Premier's Council on Health Strategy was formed. Chaired by the Premier with the Minister of Health as vice-chair, the Council's membership of 31 individuals is drawn from all sectors of society: consumer, business, labour, community, and health care, and includes seven cabinet ministers.

The Council represents the highest level of commitment to an orderly process of change in health and health care. Its mandate is to provide leadership and guidance to the entire government in achieving the goal of a healthier society.

In setting this goal, the government has adopted the World Health Organization's definition of health which acknowledges the determinants of health, including social, economic, environmental, and lifestyle factors. Health is viewed as a resource for everyday living.

The Premier's Council has developed a new vision of health and five major goals as a context for a long term plan of action. Its first major initiative is the $100 million Health Innovation Fund, established to support and evaluate new and innovative ways of providing more cost-effective health services and programs.

The fund will finance a comprehensive, province-wide health survey of Ontarians. The basic goal of the survey is to gather information which will provide valuable guidance to the government in planning change.

In addition, the fund will foster innovations in health promotion and health care delivery by funding pilot projects developed and implemented at the grassroots community level.

Reorganization in the Ministry of Health

In 1988, the Ministry of Health was restructured to expand its former role as administrator – insurer, funder, and claims payer – to take a leadership role in safeguarding the strengths of Ontario's health care system.

As recommended by the Evans, Spasoff, and Podborski reports, the new matrix organization realigns responsibilities for program delivery into the divisions of personal health, community health, and institutional health.

A second dimension in the Ministry's organization reinforces these divisions and corresponds to the programs or health goals the Ministry will manage. Specifically targeted programs will have their own coordinators acting as advocates and facilitators on the program's behalf.

Each coordinator will be a driving force for new initiatives and community proposals. They will also serve as the principal contact within the Ministry of Health for the general public and special interest groups. The thrust of the Ministry's new information system will be a key to supporting these activities.

Coordinators have already been appointed to specific programs, including AIDS, emergency services, mental health and addictions, and cardiovascular services. Special target groups with particular needs, such as native peoples, women, francophones, the multicultural community, and residents of the North, are being assigned coordinators as well.

Areas for discussion

This overview paper and the detailed discussion papers to follow over the coming months are another step in leading change. This overview paper outlines the areas where the government is setting new directions in evolving the health care system. Each of the discussion papers to follow will address the government's initiatives in greater detail. They are aimed at generating participation from consumers and health care providers in the process of change.

Each of the following areas will be the subject of public discussion:

- **Enhancing the role and responsibilities of consumers**
- **Strengthening community-based health care**
- **Maintaining the role of public hospitals including psychiatric hospitals and university teaching hospitals**
- **Integrating private sector strengths and resources**
- **Improving quality assurance and treatment effectiveness**
- **Strengthening the team of physicians, nurses, and other health professionals**

III. AREAS FOR DISCUSSION

1. ENHANCING THE ROLE AND RESPONSIBILITIES OF CONSUMERS

Within a framework that promotes health in the broadest sense, there are basically two ways in which consumers can contribute to improved health and health care:

- Taking advantage of opportunities to be personally responsible for our health by:
  - making healthy choices in lifestyle
  - preventing disease
  - being informed about treatments
  - being aware of costs to the system
  - using health care services wisely
- Acting on behalf of our communities for improved environmental, social, and economic policies affecting health and the health care system.

These consumer responsibilities must be balanced with equal effort on the part of the government. To involve the public in a meaningful way in health and health care decisions, public education must work hand in hand with broad government programs and policies. In this way, consumers are able to first make reasoned choices about their health, and then follow them through.

Vehicles for consumer involvement

- Health promotion, including self-help programs aimed at the general population. This also includes programs directed at those whose opportunities for health are diminished due to social, economic or cultural factors, or because they are mentally or physically disabled.
- Public education about the personal choices affecting our health. Education also fosters informed public participation in improving the system.
- Forums for direct consumer participation in the system, for example, district health councils, public health boards, community mental health associations, and hospital boards. These organizations and others function at the community level in identifying needs and planning the provision of services.
- Incentives to encourage greater consumer responsibility and wise use of the system without creating barriers to services.

Ministry Direction

- **To provide consumers with as much information as possible on both their personal health and the health care system.**
- **To enable them to make informed choices on their lifestyle and the kinds of treatment they receive, and to encourage them to use services wisely.**
- **To provide opportunities for consumers to participate in effective health care delivery decisions in the community.**
- **To safeguard patients' rights and to provide more vehicles for consumer participation in decision-making, reviews of complaints, malpractice, and abuse of the system.**

Ministry Initiatives

The Ministry of Health formed the Health Promotion Branch in 1986, to initiate policies and programs that would grant consumers more control over their own health and quality of life. While these programs are concentrated within the Ministry of Health, they involve other ministries as well, reflecting the spectrum of factors that affect health.

Health Promotion Grants Program
The Health Promotions Grants Program provides annual funding to support and facilitate a broad range of community health promotion projects. These include programs to prevent cardiovascular disease, to decrease smoking, and to improve personal health.

Healthy Lifestyles Promotion Program
The Health Promotion Branch is also responsible for the Healthy Lifestyles Promotion Program, a three-year public education campaign. The campaign focuses on reducing tobacco and alcohol consumption and promoting low-fat diets. Funding has also been earmarked for programs aimed at communities to help reduce cardiovascular risk factors.

The Healthy Lifestyles Program also addresses the issue of substance abuse, including alcohol, and is administered at the local level by the Public Health Branch through boards of health across the province. The branch oversees three other core programs that every board of health is required to provide under the Health Protection and Promotion Act. The legislation's guidelines were recently revised to reflect a heightened emphasis on health promotion and disease prevention.

Healthy Environments Program
Boards of health have taken on new responsibilities in environmental surveillance and investigation of community concerns about environmental health hazards under this program.

Communicable Disease Control Program
This program advocates prevention of sexually transmitted diseases, including AIDS, through education, partner notification, and treatment, as a public health priority. Programs to prevent hepititis B and influenza have been substantially expanded. Boards of health are also responsible for preventing and responding to infection outbreaks within institutions.

Enhancing the role of the district health council

District health councils provide an important forum for consumer participation in health care planning. The councils developed in the early 1970s in response to the public's growing interest in health care.

As the health care system grew in size and complexity, the Ministry recognized the need for public input into local planning. District health councils evolved throughout the province as more communities became convinced of the value of participating in decisions that would ultimately affect them.

At present, there are 28 councils in the province, serving more than 90 per cent of the population. They have between 14 and 24 volunteer members representing a cross-section of the people who live and work in the district, including 40 per cent consumers, 40 per cent providers, and 20 per cent local government.

Through these councils, consumer interests can be heard and balanced with those of other interest groups. They provide a vital means of empowering communities and consumers alike.

Planning health care in the community
The primary responsibility of the councils is to identify local needs, evaluate alternatives, establish priorities, and plan a comprehensive health care program within the policies, guidelines and standards established by the Ministry.

It has been recognized that district health councils are a vital organization for the planning of health care in the community. Discussions are underway between the Ministry and the councils to strengthen and expand their role in the evolving system. Planning for human resources is one of the key areas under discussion where councils will be taking a lead role.

As the system evolves so does the need for coordination of services. This coordination is needed not only at the local level but also at the regional level, and councils will become increasingly involved in inter-district planning. The councils will be working toward planning for services which integrate both health and social service needs.

2. STRENGTHENING COMMUNITY-BASED HEALTH CARE

In response to the pressures for change, we need to develop improved coordination and integration of community, institutional, and social services within a region or municipality.

This kind of network reflects a broad vision of a truly community-based health care system that responds to local needs and improves accessibility of services through a continuum of care. It also takes into consideration the very broad determinants of health.

Many services traditionally provided in hospitals can now be performed in community-based facilities. New technology has made it possible to safely perform some medical and surgical procedures in doctors' offices, or in hospital clinics and health facilities on an outpatient basis. As these community-based services are developed, appropriate funding and standards must be maintained.

The increasing number of elderly people and the requirements of chronic illness point out a need to evolve an effective and rationalized long term care continuum. This continuum would assure seniors and persons with chronic illness access to the most appropriate care, whether it be home care, community care, or extended care in a nursing home or home for the aged. Research has shown that many seniors now living in institutions would be better cared for in the community with appropriate support services.

The benefits of a community-based system include:

- Greater accessibility of services which are more sensitive to specific and unique needs, and therefore more responsive.
- Involvement of alternate care providers such as visiting nurses, physiotherapists, and social workers, as well as physicians and hospitals providing services through outreach clinics.
- More effective and compassionate care for people, especially the elderly, in treating chronic illness. These people can receive treatment in their own homes and remain integrated in their communities.
- Improved continuity and appropriate follow-up for treatment and care services by creating links between care settings and various care providers.
- Enhanced patient dignity by providing services in familiar surroundings, as in a person's home, where the individual's independence and family life are more readily appreciated.
- Addressing geographic, cultural, and socio-economic problems of access by providing services in communities, rather than in a distant hospital.
- Cost-effective capital and operating funding.

Ministry Direction

- **Create a stronger network of community programs to integrate services and promote equitable access.**
- **Provide alternatives to institutional care for chronic care patients, and those requiring elective surgery.**
- **Create a balanced continuum of long term care services, including home care, community care, and extended care.**
- **Emphasize health promotion and disease prevention.**
- **Create incentives for hospitals to develop outreach and ambulatory care programs.**

Ministry Initiatives

A review is underway of the relationship between the Ministry of Health and the Ministry of Community and Social Services. Recommendations will lead to regional pilot projects to better integrate services provided under the two ministries.

The Ministry of Health is currently working on seven models that will help us move toward a more community-based care system. They represent innovations in funding or service, or both:

- Health service organizations
- Community health centres
- Comprehensive health organizations
- Home care expansion
- The hospital in the home
- Independent health facilities
- Integration of health and social service program delivery at the local level

Strengthened district health councils will play a major role in advising on, and planning for these new services within each region.

Health service organizations (HSO)
An HSO receives a fixed daily per capita amount from the Ministry to provide specified health services to individuals who enrol on its roster. Its physicians are paid on the same basis. This "capitation payment" is the same, regardless of the number or nature of the services actually used. There are now 37 HSOs in Ontario serving 250,000 patients.

Community health centres (CHC)
In contrast, a CHC receives an annual budget from the Ministry to provide specific health programs most often to a specific population group having above-average rates of illness or needing better access to health care – such as the poor, the elderly, native peoples, immigrant groups. There are now 15 CHCs in operation serving over 200,000 people, and a further 11 approved for start-up. The physicians and other health professionals are on salary.

The shared objectives of the CHCs are the effective use of health resources, primarily through reduced hospitalization, and increased emphasis on health promotion and disease prevention. Each serves an identified population and is funded or governed in different ways. The Ministry is working to develop more of these facilities in specific communities.

Comprehensive health organizations (CHO)
The Ministry is also designing a proposal to develop CHOs. Under this model, all forms of care would be delivered under a single unified management reporting to a non-profit community board. The organization would provide as many services as possible itself, and arrange for other facilities to offer other services.

Home care
This service has been steadily growing and is now available province-wide, with 38 programs in operation, covering both acute and chronic care. The Ministry of Health and the Ministry of Community and Social Services are working together in this important area.

The program served more than 680,000 people in 1987-88, more than double the number six years earlier. During that period, expenditures have more than tripled while the demand continues to grow. The Ministry has launched an extensive operational review of the home care program, conducted by Price Waterhouse, to consider the position of home care in the province's health and social services system.

Hospital-in-the-home
This concept is another alternative to institutionalization which is in the early planning stages. Patients would receive at home many of the services they would receive in hospital, including 24-hour access to hospital staff. Once the preliminary work is completed, proposals will be called for implementing the concept in five pilot locations in Ontario.

Independent Facilities Act
The proposed Act also represents a significant initiative by the Ministry to increase the availability of certain surgical and medical services outside of hospitals.

The Act will allow the Ministry of Health to fund, regulate and develop independent community-based health facilities. These facilities will function like hospital outpatient clinics with health care providers such as doctors, nurses, and technicians, providing safe, cost-effective and convenient services in non-hospital settings.

Women's health
The Ministry has undertaken significant initiatives to improve health opportunities for women. A women's health bureau is now functioning within the Ministry of Health to promote greater awareness of women's health issues. All new program proposals, for example, are assessed for their implications for women.

The bureau is also involved in coordinating initiatives in areas such as breast cancer, new reproductive technologies, violence against women, child and maternal health, and midwifery.

In addition, further regional women's health programs throughout Ontario will be established. Programs at the centres will include physical examinations, and pregnancy assessment and diagnosis, for example. There will be support programs for single mothers, education and support programs in menopause and pre-menstrual syndrome. Some centres will include counselling in family planning, contraception, and infertility. In addition, birthing centres will be established.

Health Innovation Fund

As previously mentioned, the new $100 million Health Innovation Fund was established in December 1988 to support and evaluate new ways of providing cost-effective health promotion, health services, and programs.

About one-third of the funds will be used to undertake a comprehensive health survey, sponsor several hospital-in-the-home pilot projects, and encourage further development of CHCs, HSOs and CHOs. The balance will go toward grants for innovative pilot projects conducted by community groups, individuals, health providers and researchers, as well as projects identified by the Premier's Council on Health Strategy.

The Premier has made a commitment to double the number of patients being served by CHCs and HSOs in the next three years.

Community mental health care

The Ministry has been shifting its base from institutions to a community mental health care focus for some years. In 1976, community mental health programs began to be funded by the provincial government and now 338 are funded by the Ministry, as well as 150 community-based alcohol and drug dependency programs. The government is committed to doubling its funding for these programs.

Ministry Direction

- **Develop community-based mental health care programs, providing a comprehensive range of services and support to people close to their homes. Priority must be given to helping those with chronic and severe psychiatric disability and their families.**

Ministry Initiatives

The Ministry appointed the Provincial Community Mental Health Committee, chaired by Robert Graham, to advise on measures needed to improve mental health care. The report was released last fall and its 19 recommendations are in various stages of implementation.

3. MAINTAINING THE ROLE OF PUBLIC HOSPITALS INCLUDING PSYCHIATRIC HOSPITALS AND UNIVERSITY TEACHING HOSPITALS

Public hospitals were the first element of the health care system to be publicly funded. Because the system was originally conceived to insure hospital services, it is not surprising that so much of the health care budget is devoted to this sector.

Public hospitals are funded with annual overall budgets, adjusted each year for inflation, new programs, and growth. In the three fiscal years from 1985-86 to 1988-89, funding for operating costs of public hospitals has increased by 28 per cent.

Since the inception of the publicly funded system, our health care requirements have changed dramatically. The increased number of elderly and those with chronic care needs, along with significant advances in technology has contributed to steadily rising costs. Some hospitals have continued to run deficits every year.

In order to maintain quality standards in the face of these pressures, hospitals must work to bring a planned and managed approach to health care services. It is the Ministry's responsibility to fund approved programs in order to achieve fair and appropriate funding for hospitals. More and more, hospitals should be encouraged to consult with their district health councils and to plan services on a rationalized, regional basis in order to use their approved resources as effectively as possible.

As we evolve the way hospitals operate, both individually and as part of the whole health care system, the following major areas must be addressed:

- Hospital funding – both operating and capital
- Hospital finance and management
- Capital plans and planning process
- Public Hospitals Act
- Utilization and quality assurance

Ministry Direction

- **Develop a fair and equitable funding process for all hospitals.**
- **Plan capital spending on a regional basis with hospitals working together as part of a coordinated plan.**
- **Create incentives for management efficiency and cost-effective care delivery.**
- **Create incentives for outreach and ambulatory care programs as alternatives to hospital care, and link the hospital to the community care network more effectively.**

Ministry Initiatives

In 1988, the Ministry of Health received the report of the Conjoint Review Committee examining operations in 23 Ontario hospitals with recurring deficits. The committee was comprised of representatives from the Ontario Hospital Association, the Ontario Council of Administrators of Teaching Hospitals, the Ontario Medical Association and the Ontario Nurses' Association.

The committee report highlighted the need for hospitals to plan and manage services within approved budgets. Hospitals must start planning in response to regional needs in order to make the most effective use of their resources.

Achieving fair and equitable funding

As recommended by the conjoint review report, the Ministry provided 61 hospitals with additional funds judged fair and appropriate to the needs of their approved programs. This adjustment in funding represents a transitional step leading to a more equitable system of hospital funding.

Until now, hospitals have been paid on a global basis without the mix of patient care being taken into account in the funding formula. This and other factors have produced imbalances in the funding of hospitals. These imbalances must be corrected by developing a hospital funding system that is as fair and equitable as possible and provides incentives for cost-effective delivery of appropriate high quality care.

The Ministry of Health has been working with the Ontario Hospital Association to plan changes in the Ontario hospital funding system in order to achieve this objective.

Reviewing the Public Hospitals Act

The Ministry, in cooperation with other groups, will also be undertaking a review of the Public Hospitals Act, last amended in 1981. Under the new Act, the way hospitals are governed is being updated; mechanisms for quality assurance and reviewing the outcome of given treatments (outcome review) will be set out; the responsibilities of nurses and other health professionals is being expanded to include hospital administration; and mechanisms of accountability to the public are being strengthened.

The Ministry recently initiated significant changes to give nurses a greater role in both hospital administration and planning. Representatives from nursing administration and staff nurses will now participate in committees on patient care, utilization review, and emergency planning. Nurses will also take part in implementing and operating hospital programs such as occupational health and safety, and health surveillance. In addition, they will sit on new fiscal advisory committees within hospitals.

Addressing regional needs

Also, the Ministry of Health is now reviewing its capital plans and planning processes. The Ministry's objective is to ensure that hospital capital development will be more closely aligned with the government's long term health priorities, including those aimed at better serving regional needs.

Managing hospital resources

To encourage the use of effective management practices to improve efficiency in hospital management, the Ministry of Health has provided seed funding to establish an Institute of Health Management at the University of Toronto. The Institute will offer undergraduate and graduate programs designed to improve management skills of senior managers and administrators in the health care system.

The Ministry also acknowledges the importance of hospital utilization review and management. The Ministry has been working with the Ontario Medical Association, the Ontario Hospital Association, and other groups to assist hospitals in introducing mechanisms and practices that will ensure resources are being used effectively, and the highest possible quality of treatment is being provided.

As announced by Premier Peterson at the annual premiers' conference last summer, the Ontario government is sponsoring a national conference on quality assurance in conjunction with McMaster University, to be held in Toronto in November 1989.

Psychiatric hospitals

Ontario's ten psychiatric hospitals currently provide the following services:

- Inpatient services
- Outpatient services
- Daycare
- Emergency services
- Consultative and education services to local agencies
- A range of programs tailored to local needs
- Forensic – maximum to minimum secure treatment of patients

Ministry Direction

- **Development of a strategic planning process for the future of the psychiatric hospital system. Further research and planning are needed to determine where community mental health and other social services should be provided; and how they should be linked to psychiatric hospital services to assist discharged mental health patients.**

Ministry Initiatives

In June 1988, the government commissioned the Risk Management Review, to assess the management systems for the 420 patients on warrants of the Lieutenant Governor in provincial psychiatric hospitals. These are patients who have been charged with a criminal offence, and were unable to stand trial because of mental disorder, or were found not guilty by reason of insanity.

The implementation of the report's recommendations is now being planned to strengthen the existing system in effectively managing these patients. Improvements will include consistent policies and procedures, a comprehensive management information system, and guidelines to ensure that management of patients held on warrants of the Lieutenant Governor, is consistent with the conditions of their warrants.

Other initiatives of the Psychiatric Hospitals Branch include:

- Weisstub Inquiry into Mental Competence
- Redevelopment of Whitby Psychiatric Hospital
- Evaluation of the Patient Rights Advisor Program
- Evaluation of the Psychiatric Patient Advocate Office

Maintaining excellence in our university teaching hospitals

Ontario's five university teaching hospitals – the academic health science centres – are located at the universities of Toronto, Ottawa, Western Ontario, McMaster and Queen's. They provide a range of highly specialized services and have achieved excellence in both research and education. This excellence is internationally recognized.

These centres are an important although costly resource. Their affiliated hospitals represent almost 25 per cent of all hospital beds in Ontario and absorbed about 38 per cent of total hospital funding in the 1986 fiscal year.

The clinical teaching unit within the university teaching hospital is at the core of the clinical preparation of physicians. These units also provide the basis for the most advanced patient care, education of medical students and postgraduate trainees, and clinical research.

Funding for these units comes from numerous sources. For example, as part of the clinical training of physicians, the Ministry of Health, along with the Ministry of Colleges and Universities, provides funds for clinical teachers, clerks, interns, and residents. The units also receive fee-for-service funds from OHIP.

Maintaining high standards

Because of the different funding sources and a reliance on fee-for-service payments, overall funding for the university teaching hospitals varies from year to year. To maintain the present high standard of teaching and research, the Ministry must find ways of stabilizing funding levels for the university teaching hospitals.

In addition, other factors should be considered in examining the current clinical education system. Since its inception 12 years ago, the system has undergone a number of changes. There are now new types of specialties such as geriatricians, medical genetics, occupational health physicians, emergency medicine, as well as a growing number of subspecialties, including critical care and perinatology. Further, both the level and variety of research activity and the role of clinical teaching in supporting patient care have increased.

Ministry Direction

- **Commitment to stable and rationalized funding system for clinical research, sophisticated teaching services, and quality patient care, in order to maintain and improve the level of excellence and international stature of the centres.**

Ministry Initiatives

The Ministry of Health, the Ministry of Colleges and Universities, along with the Faculties of Medicine, the Ontario Council of Administrators of Teaching Hospitals, and the clinical teachers, are together currently examining the clinical teaching system to ensure that this key element of health care in Ontario is appropriately structured and funded.

In addition, the Ministry of Health is working with the Ontario Council of Administrators of Teaching Hospitals to develop a strategic planning process for the appropriate provision of specialty care programs while maintaining academic and research excellence.

4. INTEGRATING PRIVATE SECTOR STRENGTHS AND RESOURCES

Although our health care system in Ontario is primarily funded by the government, the private sector plays a varied and extensive role in supporting this system.

In essence, we have a publicly funded system that pays providers to deliver services. Over 90 per cent of physicians are self-employed, and over 90 per cent of hospitals in Ontario are private, non-profit corporations.

There are approximately 30,000 nursing home beds operated and managed through private sector involvement. In addition, there are private sector firms providing home care and nursing services.

Ontario's ambulance service is an area where multiple sectors participate: the province, private businesses, hospitals, volunteer organizations, and municipalities all provide the service.

The pharmaceutical industry is one of the most visible and wide-ranging areas of private sector involvement in health care. This involvement includes the corner drug store, the distribution system, the manufacturers and research houses, and the laboratory and diagnostic testing industry.

The private sector is involved in our health services network, both within the publicly funded framework and outside of it, in the following ways:

- Providing products or services such as:
  - Supplies provided by the pharmaceutical and medical devices industries
  - Management of hospitals
  - Support functions such as laundry and food services
  - Fundraising services
  - Expert counselling such as in efficiency and human resources studies
- Directly providing health care services such as nursing homes, community nursing and home care, diagnostic laboratories, and ambulances.
- Providing a source of capital funding for the construction of public hospitals and private nursing homes.
- Private corporations also supplement sources of funding through charitable contributions to capital fundraising campaigns.

The subject of private sector involvement raises two issues: the need for continuing government regulation and accountability in the provision of health services; and determining how the role of the private sector within health care might evolve.

We need to carefully evaluate all aspects of private sector involvement in health care in our search for innovative ways of meeting our needs – in terms of both the quality of service or facility provided and the degree of regulation to ensure quality and financial accountability.

Ministry Direction

- **To encourage all providers of health care products and services – public and private – to inform consumers and give them opportunities to exercise reasoned judgment and choice.**
- **To examine private sector management techniques for delivering more efficient and effective services – purchasing systems, information bases on costs of procedures and services, etc. – to determine what aspects will assist better fiscal and procedures management across the system.**
- **To assure public accountability, regardless of who delivers the service.**
- **To develop policy in the area of existing private sector ownership, on issues such as rate of return, financial accountability, and quality control.**
- **To encourage the development of technology and the manufacture of health care devices and supplies in Ontario.**

Ministry Initiatives

The Premier's Council on Technology has examined the role of the private sector in health care and recommended that its continuing involvement be encouraged.

5. IMPROVING QUALITY ASSURANCE AND TREATMENT EFFECTIVENESS

Throughout this paper, we have set out key areas for discussion – on the kinds of services provided, the way they are delivered, and the way they are funded. We have acknowledged that there is no quick solution to the issues we face, but we also know the status quo will not serve us well any longer, and that simply providing more money for the system is not the answer.

One other crucial area for examination that affects both the quality and the cost of health services, is quality assurance and treatment effectiveness. A growing body of research reviewing the outcome of given procedures (outcome review) has highlighted the need for rigorous scientific validation of treatments.

One method of exercising a degree of quality control is to encourage consumers and providers to be informed about the treatments they receive and prescribe.

Among health care providers, there is also the longstanding method of peer review where practices and their results are tracked.

Studies in both the United States and Canada have shown wide variations in practice patterns – the frequency with which specific treatments are prescribed for the same medical condition.

For example, a Rand Corporation study of 123 procedures done under Medicare across the U.S. revealed a three-fold or more variation from the highest to the lowest rates of use in more than half the procedures.

In Canada, epidemiologists at McMaster University have concluded that effectiveness evaluation is needed in the area of cardiovascular surgery, especially for the elderly.

In addition to medical and surgical treatments, monitoring of outcomes is clearly needed in the use of laboratory tests, and in prescription drug use.

Use of laboratory tests

Recent concerns have been raised regarding the use of laboratory tests and other diagnostic tools, in terms of the number and type of tests performed, their cost, and how they contribute to accuracy of diagnosis and efficacy of treatment.

There are wide variations in the use of lab tests. Research shows that in many cases, the use of lab tests beyond a certain level does not improve the outcome of care in any significant way, yet the costs of lab tests have risen dramatically.

The Task Force on the Use and Provision of Medical Services chaired by Graham Scott is examining the use of laboratory tests in its review of physician services. This task force is a joint committee of the Ontario Medical Association and the Ontario government.

Prescription drug use

In Ontario, we use more pharmaceuticals per capita, including both prescribed and over-the-counter medications, than most countries in the western world.

There is concern over the possible inappropriate use of drugs and escalating costs among those persons covered by the Ontario Drug Benefits Plan – especially seniors. Under the plan, the government pays the drug costs for seniors, persons receiving social assistance, and other eligible individuals. Last year, the plan cost over $588 million.

Innovative methods for improving drug prescribing habits to some degree have been explored in a number of jurisdictions. These include the use of information systems and other new technologies.

Funding based on quality of outcome

Many health care economists and researchers have recommended that the Ministry of Health tie program funding to a mechanism that allows for results to be monitored. Through outcome review, the effectiveness of a given treatment, test, or prescription drug, and the overall quality of care, could be better ensured.

This approach could also be applied in evaluating the effectiveness of treating chronically ill patients through community care as opposed to institutional care, and in the use of new technologies.

Through monitoring, the degree of improvement in the health status of particular groups as the result of a specific form of treatment could be measured. This evaluation would consider the socio-economic, public health, health promotion, disease prevention, and treatment measures needed to decrease the rates of occurrence of the particular condition.

Ministry Direction

- **Improve and transmit knowledge on treatment outcomes and validation, in order to make better use of resources and ensure quality of care.**
- **Encourage all health professions to take an active role in implementing outcome review through the use of technology assessment methodology to evaluate new high technology equipment, drugs, and medical procedures.**

Ministry Initiatives

In coordination with the Ministry of Health, the Premier has taken up the major issue of quality assurance. As previously mentioned, he is hosting a national conference on quality assurance to be held in Toronto in November 1989, on behalf of the provinces and territories.

Recent regulatory changes to Ontario's Public Hospitals Act now require all hospitals to establish utilization committees to review the efficacy of treatments. In addition, the Ministry has collaborated with the Ontario Hospital Association and the Ontario Medical Association on a new Guide for Hospital Utilization Review and Management. This guide will help hospital committees with the utilization review process and also ensure appropriate or corrective actions are taken where improper usage has been identified.

The Ministry set up the Lowy Drug Inquiry to investigate the entire drug distribution, dispensing, and prescribing system operated under the Drug Benefit Plan in Ontario.

In the area of prescription drug use, the Ministry has already taken significant steps, based on early Lowy recommendations. The Drug Quality and Therapeutics Committee has been strengthened. The committee recently recommended that special authorizations for the use of unlisted drugs be limited to specific indications only.

These initiatives will help in evolving a system that is based on results, where all treatments will be evaluated for their effectiveness and funded accordingly. Not only would we achieve a higher quality of health care in this way, but by managing health care according to quality of outcome, we save considerable expense. In other words, these initiatives are an investment in our future and in the future of our health care system.

6. STRENGTHENING THE TEAM OF PHYSICIANS, NURSES, AND OTHER HEALTH PROFESSIONALS

In Ontario, there are over 200,000 people working in health care. Among them are more than 25 professional groups including physicians, nurses, nursing assistants, dentists, optometrists, physiotherapists, audiologists, speech pathologists, chiropodists, denturists, psychologists, opticians, and others.

This wide range of professions provides an important diversity of services and public choice in approaches to health care. One of the challenges is to develop an appropriate system that allows the various professionals to perform their specific functions within an overall health care team.

Physicians

One of the key health professional groups is physicians. The total amount paid to physicians by the government is now approaching nearly $3.4 billion a year – an increase of approximately $1 billion over the past four years. Currently, these costs are rising at more than twice the rate of inflation and double the level of budgeted funding increases.

As we determine the reasons for this level of increase and evaluate how costs can be contained while maintaining quality of care, the following factors should be considered:

- Number and distribution of physicians
- Mix and type of primary and specialty care providers
- Type and location of services provided
- Number of services provided per physician (utilization)
- Effectiveness of given treatments (quality assurance and outcome review)
- The role of the physician in the provision of primary care
- Expanding the options to ensure appropriate physician compensation and appropriate and effective patient care

The primary method of payment to physicians is fee-for-service but there are some other options already in use and being assessed. These options include:

- Salaries paid to physicians employed by community health centres or hospital emergency departments
- Capitation (a set annual fee for each patient on a physician's roster, as at health service organizations)
- Sessional fees (hourly or per diem fees)
- A mix of some of the above payment methods

A growing proportion of physicians is now being reimbursed by methods other than fee-for-service.

Ministry Direction

- **Provide physicians with choices and alternatives in how they want to practise, and how they want to be paid, including a mixture of payment methods, as the alternative health care delivery systems are developed.**
- **Encourage through incentives, better distribution of physicians' services to underserviced areas and groups.**
- **Encourage physicians to evaluate effectiveness of treatments provided.**

Ministry Initiatives

The Ministry of Health has initiated a number of alternative health care centres across the province. These include 26 community health centres (15 operating and 11 approved to start up) where health care professionals including physicians are on salary; and 37 health service organizations, where physicians are paid on a capitation basis.

Some physicians working in the emergency departments of hospitals, are also paid on a salary basis. The Ministry continues to monitor the effectiveness of these options.

Premier David Peterson has made a commitment to double the number of patients being served by community health centres and health service organizations over the next three years.

The Task Force on the Use and Provision of Medical Services (the Scott Committee), is formulating recommendations on the most effective uses of physician services.

The Ministry's Underserviced Area Program addresses issues of distribution of physicians by drawing them to northern and rural areas through incentives such as bursaries, grants, and special training programs at the undergraduate and postgraduate levels. In addition, the Northern Health Manpower Committee was formed to speed the process and address immediate needs in the North.

The Ministry is also working with the university teaching hospitals to restructure the clinical training of physicians and other health professionals. In this way, more training of providers can take place away from the traditional locations in health science centres, such as in northern and small communities.

In 1988, the Ministry undertook operational reviews of 23 Ontario hospitals. The resulting study recommended that hospitals develop operational strategies consistent with their funding base to ensure an appropriate mix of health care services.

Similarly, provincial hospital budgets and provincial funding of clinical teaching units and residency positions could be used as incentives to create more appropriate distribution, mix, and training of specialists.

Nurses

Our health care system depends on nurses to a great degree, in hospitals and in community-based facilities for not only hands-on care, but involvement in numerous aspects of health care delivery, including the administration and planning of services.

A large percentage of nurses is female and consequently, the profession has been affected by gradual but dramatic changes – societal changes affecting working women as well as changes in our health care needs. The role of women in the workplace and the recognition of their important contributions have evolved significantly over the past few years.

While we have begun to recognize the vital role that nurses play in health care, more needs to be done to effectively draw on their strengths and skills. In particular, the following issues should be addressed:

- The role of nurses
  - availability, types, and distribution
  - scope of duties and procedures, both professionally and in hospital management
  - status and degree of autonomy in relation to physicians
  - quality of working life
  - influence of pay equity

The team of health professionals

While our health care system has traditionally focused on services provided by physicians, we must recognize the vital role played by other health professionals. The physician as the "gatekeeper" to many health care services and the need for teamwork among health professionals are issues to be examined as well.

As we consider what changes to the existing framework will contribute to an improved health care system, the following issues must be evaluated:

- The role of other health professionals
  - in developing more community-based services
  - in the provision of long term care
  - scope of duties and procedures, and self-regulation
  - status and degree of autonomy in relation to each other

- Distribution of health professionals
  - to recognize the needs of the province's diverse multicultural population

Ministry Direction

- **To promote effective teamwork among health professionals.**
- **To promote accountability to the public.**
- **To foster a team of health professionals to effectively serve needs both inside institutions and in the community.**
- **To enhance the professional status of health professionals.**
- **To enhance the overall status of nurses in the health care delivery system, and improve their working conditions.**
- **To enact new health professions legislation so as to better protect the public.**

Ministry Initiatives

The mandate of the Health Professions Legislative Review was to make recommendations to improve the regulatory system for health professions, ensure the maximum protection of the public interest, and promote the highest standards of professional practice. Its findings have been received and tabled in the legislature.

Ensuring public protection

Under the recommendations, the new scope-of-practice system would provide better public protection while permitting more efficient and cost-effective delivery of health care services. A larger number of health professions will be regulated – new as well as traditional – and given equal status and a public policy forum in which to express their views.

In addition, regulatory colleges will have the powers necessary to regulate health professions effectively, and will be more accountable to the public for the ways in which they exercise those powers.

Enhancing the role of nurses

The Ministry has recently announced changes to be made to the Public Hospitals Act to give administrative and staff nurses a greater role in hospital decision-making. Nurses will participate on committees on patient care, utilization review, and emergency planning. The Act will also be subject to a thorough examination and review, with the intention of making further legislative changes to enhance hospital management and the role of nurses and other health care professionals in hospital administration.

The Ministry is also studying ways of alleviating the current nursing shortage – a significant human resource issue throughout North America and Europe.

Improving access in the North

To address the issue of distribution, the Underserviced Area Program provides stipends for health professionals, including physiotherapists and occupational therapists in northern areas. The Ministry of Health in conjunction with the Ministry of Northern Development, is working with Ontario medical schools to provide clinical settings for family medicine training in northern Ontario. The Northern Manpower Committee will be developing innovative approaches to retaining health professionals in the North as well.

IV. NEXT STEPS

Evolving our health care system to maintain its quality care standards, requires the involvement of everyone, from consumers to providers, to the government. Everyone shares responsibility for the treatment services received, delivered, or managed – their quality, their cost, and their effectiveness.

With dramatic economic, social, and technological shifts now taking place, we all have to begin making informed decisions. We have to develop alternatives within the present system in order to accommodate our changing care requirements both now and in the future. We need discussion, ideas, and the will to improve our traditional ways of preventing disease and of seeking and giving care.

Through this document and the papers to follow, we want to encourage public discussion, and we invite everyone who has a stake in the health care system to become informed and state their views.

In the coming months, the Ministry of Health will be asking interested groups, including district health councils, to hold public forums on the issues outlined in this paper, and to communicate the results to the Ministry and the Premier's Council on Health Strategy. This information will be invaluable as we evolve the system.

Initiating and taking part in this process will mark an important first step in taking responsibility for our health and our health care system. We hope you will participate.

Should you wish further information or assistance in organizing a discussion group, public forum, or similar activity, please write:

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